| | THE STATE OF THE S |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOBBYING SUPPLEMENTAL REGISTRATION FORM To be used for changes to registrations and terminations. | Lobbyist's Registration Number |
| Instructions | FOR OFFICE USE ONLY Postmark Date: 1013104 |
| Print in ink or type. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required. | TERM |
| This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations. | |
| 1. NAME MUNSON LOUISC L | 1041325 |
| 2. BUSINESS PHONE 225 267 452 2 | |
| 3 BUSINESS ADDRESS (de) Florida St. Baten Rouge LA | 7080 l |
| MAILING ADDRESS SOLM & Street and No. City Sta | je Zip |
| 4. EMPLOYER LA ASSN. of Broadcasters | |
| 5. EMPLOYER'S ADDRESS 660 Flor (da St. Botan Porge, L. Stront and No. City Str. | A FORGI |
| 6. Have you ocassed or terminated all tobbying activities requiring registration? Yes | No |
| 7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or e porson, group, or organization listed; (c) the type of business each is angaged in or the group; (d) whether or not the client or someone else pays you to lobby; and (c) the date | surpose or function of the organization or |
| 1. Name LOVISE L. Munson Address (600) Florida Street, Baton Rouge, L | A 70801 |
| Виніпове от ригроме | |
| New Representation Does this person pay you? | |
| If No, who pays you? | |
| Terminated Representation as of 622/04 | |

SUPPLEMENTAL REGISTRATION FORM



| 2. | Name |
|----|----------------------------------------------|
| | Address |
| | Prosinces or purpose |
| | New Representation Does this person pay you? |
| | If No, who pays you? |
| | ☐ Terminated Representation as of |
| | |
| 3. | Neme |
| | Addross |
| | Business or purpose |
| | New Representation Does this person pay you? |
| | If No, who pays you? |
| | Terminated Representation as of |

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Ports 601, Ren. 1009000